Background

- The period following hospitalization remains a particularly vulnerable time for patients. Discharge phone calls are an outlet for patients to express any concerns related to their hospitalization and postoperative period.
- Compliance with discharge phone calls has been a challenge for the PACU nurses. Historically a nurse has been designated for discharge phone calls but is often pulled from calls to provide patient care.
- Previous practice was to use the physical charts as a guide on what calls need to be completed.
- Patients complaints of “why receiving call many days later”
- Hand & Cunningham, 2014 explain that patients report high levels of satisfaction by nurse led follow up (p.50).

Methods

- Education focused on:
  - Utilizing the patient call manager list to complete calls instead of our previous method which was using physical discharged charts.
  - It was also crucial that we used the EMR prior to initiating call to determine if a procedure was completed or not completed.
  - Each nurse was asked to complete three calls daily.
  - Daily broadcasts via MHB were used as a reminder to complete calls
  - Data collection period
    - Started collecting 11/18
    - Completed 03/19
  - Data was collected using the Weill Cornell Call Manager Report and analyzing the values of “percent attempted, percent completed, and number of discharges home.”
- Reports of compliance posted weekly to ensure transparency and encourage further compliance.
- Analysis of the data included
  - Thorough discussion of the results as it related to current practice vs a proposed new practice of completing discharge follow up calls.

Results

- The results show an improvement from the discussion phase of the project, initial interventions, and post intervention date.
- Observable evidence of nurses proactively completing discharge phone calls everyday.
- Reminders observed to be broadcasted by team leaders.
- Meeting the patients needs by completing phone calls in a timely manner when the follow calls mean and benefit the patient the most. Ultimately benefiting the patient experience.

Discussion

- We found that providing education and daily reminders greatly improved the compliance with completing calls.
- Providing staff with caller statistics contributed to success.
- Limitations to this study may include the workflow of the PACU such as patient flow, number of cases per day, staffing, and unpredictable factors relating to patient care.
- Recommendations include working closer with admitting to ensure cancelled cases do not appear on patient call manager.

References


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